

EVALUATION OF PRIVILEGES - NEUROLOGY For use of this form, see AR 40-68; the proponent is OTSG		PERIOD FROM _____ TO _____		DATE _____		
RATED BY _____ TITLE _____		PRIVILEGES PERFORMED BY _____		TREATMENT FACILITY _____		
PRIVILEGES		RECOMMENDATIONS BY DEPT./SVS. CHIEF				
Privileges evaluation will be based on thorough appraisals of clinical performance.		ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED
Category I. Emergency Care Uncomplicated illnesses or problems which have low risk to the patient such as recurrent headache or uncomplicated epilepsy or with no available treatment such as completed ischemic stroke, progressive dementia in the elderly, and cerebral palsy. Internists, pediatricians, family practitioners, and psychiatrists where neurology training has been included in their residency experience.						
Category II. Category I Major illnesses, injuries, conditions or procedures with little immediate risk to life, in child or adult such as multiple sclerosis, Parkinson's disease, and transient ischemic attacks. Management of crippling or life threatening disorder where category III and IV supervisor is available. Performance of EMG, EEG, evoked potentials and similar tests for which the applicant has had specific training. One year of general postgraduate education and two years of specialty training in adult or child neurology.						
Category III. Categories I and II Management of all conditions affecting the nervous system in adults except for those patients requiring neurosurgical intervention. Management of common non-life threatening conditions in children. Completion of neurology training in adult neurology.						
Category IV. Categories I, II and III Management of all neurologic conditions affecting children except those children requiring neurological intervention (child neurology). Diagnosis and management of refractory seizure disorders, unusual neuromuscular disorders or other problems reflecting additional subspecialty skills. Individual patients display complexity exceeding those of Category III. Require post residency fellowships or child neurology residency/fellowship.						
Special Procedures.						
a. Lumbar Puncture						
b. Cisternal Tap						
c. Subdural Tap (<i>Infants</i>)						
d. Electroencephalogram (<i>EEG</i>)						
e. Brain Stem Auditory Evoked Response						
f. Visual Evoked Response						
g. Somatosensory Evoked Response						
h. Electromyogram (<i>EMG</i>)						
i. Myelogram						
Other (<i>Specify</i>).						

COMMENTS (*Borderline and unacceptable ratings will be addressed.*) (*Use reverse if needed.*)

SUPERVISOR'S SIGNATURE _____	DATE _____
---------------------------------	---------------